

**Michigan Medicaid
CMHSP Children's Waiver Services Database
Effective May 1, 2005**

CPT/ HCPCS	Mod	Description	Status	Fee Screen	Parameters
90782		INJECTION, SC/IM	A	\$11.22	
90788		INJECTION OF ANTIBIOTIC	A	\$10.09	
90801		PSY DX INTERVIEW	A	\$86.98	
90802		INTERACTIVE PSY DX INTERVIEW	A	\$92.36	
90804		PSYCHOTHERAPY, 20-30 MIN	A	\$37.25	
90805		PSYCHOTHERAPY, 20-30 MIN W/ E&M	A	\$40.91	
90806		PSYCHOTHERAPY, 45-50 MIN	A	\$56.19	
90807		PSYCHOTHERAPY, 45-50 MIN W/ E&M	A	\$59.64	
90808		PSYCHOTHERAPY, 75-80 MIN	A	\$83.75	
90809		PSYCHOTHERAPY, 75-80, W/ E&M	A	\$86.77	
90810		INTERACTIVE PSYCHOTHERAPY, 20-30 MIN	A	\$40.26	
90811		INTERACTIVE PSYCHOTHERAPY, 20-30, W/ E&M	A	\$45.00	
90812		INTERACTIVE PSYCHOTHERAPY, 45-50 MIN	A	\$60.50	
90813		INTERACTIVE PSYCHOTHERAPY, 45-50 MIN W/ E&M	A	\$63.51	
90814		INTERACTIVE PSYCHOTHERAPY, 75-80 MIN	A	\$87.63	
90815		INTERACTIVE PSYCHOTHERAPY, 75-80 W/ E&M	A	\$90.21	
90846		FAMILY PSYCHOTHERAPY W/O PATIENT	A	\$54.47	
90847		FAMILY PSYCHOTHERAPY W/ PATIENT	A	\$66.31	
90853		GROUP PSYCHOTHERAPY	A	\$18.52	
90862		MEDICATION MANAGEMENT	A	\$29.50	
92506		SPEECH/HEARING EVALUATION	A	\$74.92	
92507		SPEECH/HEARING THERAPY, INDIVIDUAL	A	\$35.52	MAXIMUM OF 8 SESSIONS PER MONTH
92508		SPEECH/HEARING THERAPY, GROUP	A	\$16.79	MAXIMUM OF 8 SESSIONS PER MONTH
92526		TREATMENT OF SWALLOWING DYSFUNCTION	A	\$47.58	MAXIMUM OF 8 SESSIONS PER MONTH
96100		PSYCHOLOGICAL TESTING, PER HOUR	A	\$41.77	
96105		ASSESSMENT OF APHASIA, PER HOUR	A	\$41.77	
96110		DEVELOPMENTAL TEST, LIMITED	A	\$7.75	
96111		DEVELOPMENTAL TEST, EXTENDED	A	\$82.46	
96115		NEUROBEHAVIORAL STATUS EXAM, PER HOUR	A	\$41.77	
96117		NEUROPSYCH TEST BATTERY, PER HOUR	A	\$41.77	
97001		PT EVALUATION	A	\$43.06	
97002		PT RE-EVALUATION	A	\$22.82	
97003		OT EVALUATION	A	\$46.07	
97004		OT RE-EVALUATION	A	\$27.77	
97110		THERAPEUTIC EXERCISES, EACH 15 MIN	A	\$15.93	MAXIMUM OF 8 SESSIONS PER MONTH FOR COMBINED PT & OT PROCEDURE CODES.
97112		NEUROMUSCULAR REEDUCATION, EACH 15 MIN	A	\$16.79	MAXIMUM OF 8 SESSIONS PER MONTH FOR COMBINED PT & OT PROCEDURE CODES.
97113		AQUATIC THERAPY, EACH 15 MIN	A	\$18.30	MAXIMUM OF 8 SESSIONS PER MONTH FOR COMBINED PT & OT PROCEDURE CODES.
97116		GAIT TRAINING THERAPY, EACH 15 MIN	A	\$13.99	MAXIMUM OF 8 SESSIONS PER MONTH FOR COMBINED PT & OT PROCEDURE CODES.
97124		MASSAGE THERAPY, EACH 15 MIN	A	\$12.70	LIMIT OF 4 SESSIONS PER MONTH PER TYPE OF SPECIALTY SERVICES.

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97140		MANUAL THERAPY, EACH 15 MIN	A	\$15.07	MAXIMUM OF 8 SESSIONS PER MONTH FOR COMBINED PT & OT PROCEDURE CODES.
97150		GROUP THERAPY PROCEDURE(S)	A	\$9.90	MAXIMUM OF 8 SESSIONS PER MONTH FOR COMBINED PT & OT PROCEDURE CODES.
97520		PROSTHETIC TRAINING, EACH 15 MIN	A	\$15.93	MAXIMUM OF 8 SESSIONS PER MONTH FOR COMBINED PT & OT PROCEDURE CODES.
97530		THERAPEUTIC ACTIVITIES, EACH 15 MIN	A	\$16.79	MAXIMUM OF 8 SESSIONS PER MONTH FOR COMBINED PT & OT PROCEDURE CODES.
97532		DEVELOPMENT OF COGNITIVE SKILLS, EACH 15 MIN	A	\$13.99	MAXIMUM OF 8 SESSIONS PER MONTH FOR COMBINED PT & OT PROCEDURE CODES.
97533		SENSORY INTEGRATIVE TECHNIQUES, EACH 15 MIN	A	\$14.86	MAXIMUM OF 8 SESSIONS PER MONTH FOR COMBINED PT & OT PROCEDURE CODES.
97535		SELF-CARE/ HOME MANAGEMENT TRAINING, EACH 15 MIN	A	\$17.01	MAXIMUM OF 8 SESSIONS PER MONTH FOR COMBINED PT & OT PROCEDURE CODES.
97537		COMMUNITY/ WORK REINTEGRATION TRAINING, EACH 15 MIN	A	\$15.50	MAXIMUM OF 8 SESSIONS PER MONTH FOR COMBINED PT & OT PROCEDURE CODES.
97542		WHEELCHAIR MANAGEMENT/PROPULSION TRAINING, EACH 15 MIN	A	\$15.93	MAXIMUM OF 8 SESSIONS PER MONTH FOR COMBINED PT & OT PROCEDURE CODES.
97802		MEDICAL NUTRITION THERAPY, EACH 15 MIN	A	\$10.33	
97803		MEDICAL NUTRITION THERAPY RE-ASSESSMENT, EACH 15 MIN	A	\$10.33	
97804		MEDICAL NUTRITION THERAPY, GROUP, EACH 30 MIN	A	\$4.09	
99506		HOME VISIT FOR IM INJECTIONS	A	\$10.77	
E1340		REPAIR OR NONROUTINE SERVICE FOR DME, PER 15 MIN	P	\$0.01	PRIOR AUTHORIZATION REQUIRED
E1399		DME, MISCELLANEOUS	M	\$384.00	LIMIT OF ONE SINGLE ROOM AIR CONDITIONER EVERY 5 YEARS WITH A MAXIMUM COST OF \$400. USE THE REMARKS FIELD TO IDENTIFY THE ITEM.
G0176		ACTIVITY THERAPY, PER SESSION (45 MINS OR MORE)	A	\$66.54	LIMIT OF 4 SESSIONS PER MONTH PER TYPE OF SPECIALTY SERVICES.
H0018		BEHAVIORAL HEALTH; SHORT-TERM RESIDENTIAL	A	\$202.56	
H0034		MEDICATION TRAINING AND SUPPORT, PER 15 MIN	A	\$9.91	
H2000		COMPREHENSIVE MULTIDISCIPLINARY EVALUATION	A	\$184.32	MAXIMUM OF 5 SESSIONS PER MONTH PER BENEFICIARY
H2015	TT	COMP COMM SUPP SVC, 15 MIN > 1 PT	A	\$2.72	
H2015		COMP COMM SUPP SVC, 15 MIN	A	\$3.62	
M0064		MONITORING OR CHANGING DRUG PRESCRIPTIONS	A	\$15.50	
S0215		NON-EMERGENCY TRANSPORTATION; MILEAGE, PER MILE	A	\$0.32	
S5111		HOME CARE TRAINING, FAMILY; PER SESSION	A	\$63.38	
S5116		HOME CARE TRAINING, NON-FAMILY; PER SESSION	A	\$62.09	
S5151		UNSKILLED RESPITE CARE, NOT HOSPICE; PER DIEM	A	\$342.14	MAXIMUM OF 14 DAYS PER YEAR FOR VACATION RESPITE
S5151	TT	UNSKILLED RESPITE CARE, NOT HOSPICE; PER DIEM, >1 PATIENT	A	\$256.67	
S5165		HOME MODIFICATIONS, PER SERVICE	P	\$0.01	PRIOR AUTHORIZATION REQUIRED
S5199		PERSONAL CARE ITEM, NOS, EACH	A	\$96.00	LIMIT OF 5 ITEMS PER QUARTER WITH A MAXIMUM COST OF \$100. USE REMARKS FIELD TO IDENTIFY THE ITEM(S).
S8990		PT OR MANIP FOR MAINT	A	\$62.86	MAXIMUM OF 8 SESSIONS PER MONTH FOR COMBINED PT & OT PROCEDURE CODES.
S9445		PATIENT EDUCATION, NOC, INDIVIDUAL, PER SESSION	A	\$24.02	

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S9446		PATIENT EDUCATION, NOC, GROUP, PER SESSION	A	\$12.00	
S9470		NUTRITIONAL COUNSELING, DIETITIAN VISIT	A	\$24.48	
S9484		CRISIS INTERVENTION MENTAL HEALTH SVC, PER HOUR	A	\$44.41	
T1001		NURSING ASSESSMENT/ EVALUATION	A	\$46.17	
T1002		RN SERVICES, UP TO 15 MIN	A	\$9.91	
T1005		RESPIRE CARE SVC, UP TO 15 MIN	A	\$3.56	
T1005	TD	RESPIRE CARE SVC, BY RN, UP TO 15 MIN	A	\$7.67	
T1005	TE	RESPIRE CARE SVC, BY LPN, UP TO 15 MIN	A	\$6.52	
T1005	TT	RESPIRE CARE SVC, UP TO 15 MIN > 1 PT	A	\$2.67	
T1999		MISCELLANEOUS THERAPEUTIC ITEMS & SUPPLIES, NOC	A	\$24.00	ONLY ADAPTIVE TOYS CAN BE BILLED UNDER THIS CODE. LIMIT OF ONE ADAPTIVE TOY PER QUARTER WITH A MAXIMUM COST OF \$25.00. USE THE REMARKS FIELD TO IDENTIFY THE ITEM.
T2023		TARGETED CASE MANAGEMENT; PER MONTH	A	\$291.57	THE DATE OF SERVICE SHOULD BE THE LAST DAY OF THE MONTH THAT THE CASE MANAGEMENT SERVICE WAS PROVIDED
T2028		SPECIALIZED SUPPLY, NOT OTHERWISE SPECIFIED, WAIVER	A	\$96.00	LIMIT OF 5 ALLERGY CONTROL SUPPLIES PER QUARTER WITH A MAXIMUM COST OF \$100. USE THE REMARKS FIELD TO IDENTIFY THE ITEM(S).
T2029		SPECIALIZED MEDICAL EQUIPMENT, NOT OTHERWISE SPECIFIED, WAIVER	A	\$240.00	LIMIT OF 5 ENVIRONMENTAL SAFETY & CONTROL DEVICES PER QUARTER WITH A MAXIMUM COST OF \$250. USE THE REMARKS FIELD TO IDENTIFY THE ITEM(S)
T2039		VEHICLE MOD WAIVER/ SERVICE	A	\$5,280.00	MAXIMUM COST FOR VAN LIFTS & TIE-DOWNS IS \$5,500, ONCE EVERY 5 YEARS. PRIOR AUTHORIZATION IS REQUIRED IF THE COST EXCEEDS \$5,500 OR WHEN REPLACEMENT IS NEEDED BEFORE 5 YEARS. ALL OTHER VEHICLE MODIFICATIONS REQUIRE PRIOR AUTHORIZATION.